



**PATIENT PRESENTING CLINICAL SIGNS**

Sammy Montilio 1 month Duration - Ascites; Abdominal Centesis= Straw colored fluid. FIP testing negative. FeLV negative.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with severe non-dependent mildly congealed variably hyperechoic urinary bladder sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

DSH

**SEX**

MN

**AGE**

13yr

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**WEIGHT**

12lb

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

**Spleen**

The spleen exhibited subnormal size likely owing to volume contraction, with symmetrical capsule contour and subtle parenchyma heterogeneity. The spleen measured 0.70 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**Liver/Gallbladder**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized hyperechoic debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

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**REFERRING VET**

Dr. Palmer

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

**INVOICE**

13506ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. No evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. Mild generalized prominent muscularis layer was noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.28 cm in width.

**DATE**

04/17/2023

Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT**

Sammy Montilio

**Pancreas**

The right pancreatic limb was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild pancreatic duct dilation was present.

**SPECIES**

Feline

**Free Abdomen**

Severe volume peritoneal effusion exhibiting mild effusion echogenic changes suggestion of effusion cellularity was present.

**BREED**

DSH

Generalized irregular non-homogenous/nodular omentum was present.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

MN

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- Moderate chronic renal changes.
- Severe urinary bladder sediment.
- Normal volume liver exhibiting mild parenchymal remodeling.
- Gallbladder debris (non-mucocele).
- Intact yet prominent small bowel walls.
- Mild chronic pancreatitis pattern.
- Severe volume peritoneal effusion with generalized irregular nodular omentum.

**WEIGHT**

12lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming no subnormal ALB levels which would diminish oncotic pressure to the point of causing free fluid as well as no evidence of significant hepatic parenchymal pathology or congestive criteria and no obvious evidence of significant GI mural pathology that could be responsible for an effusion of this nature, lymphatic obstruction owing to carcinomatosis/lymphomatosis or similar is of primary concern.

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R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)

Abdominocentesis with rapid cytopspin and rapid slide preparation of the sediment to conserve the integrity of the cells would be recommended in order to optimize the cytological interpretation. Culture of the fluid can also be considered if any suspicion of inflammatory elements is noted. Potential for chronic or chronic active pancreatitis possible yet sonographically the appearance of the pancreas was not consistent with significant pancreatic inflammatory criteria.

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An extremely guarded to unfavorable prognosis is indicated.

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 DABVP (Canine and Feline)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

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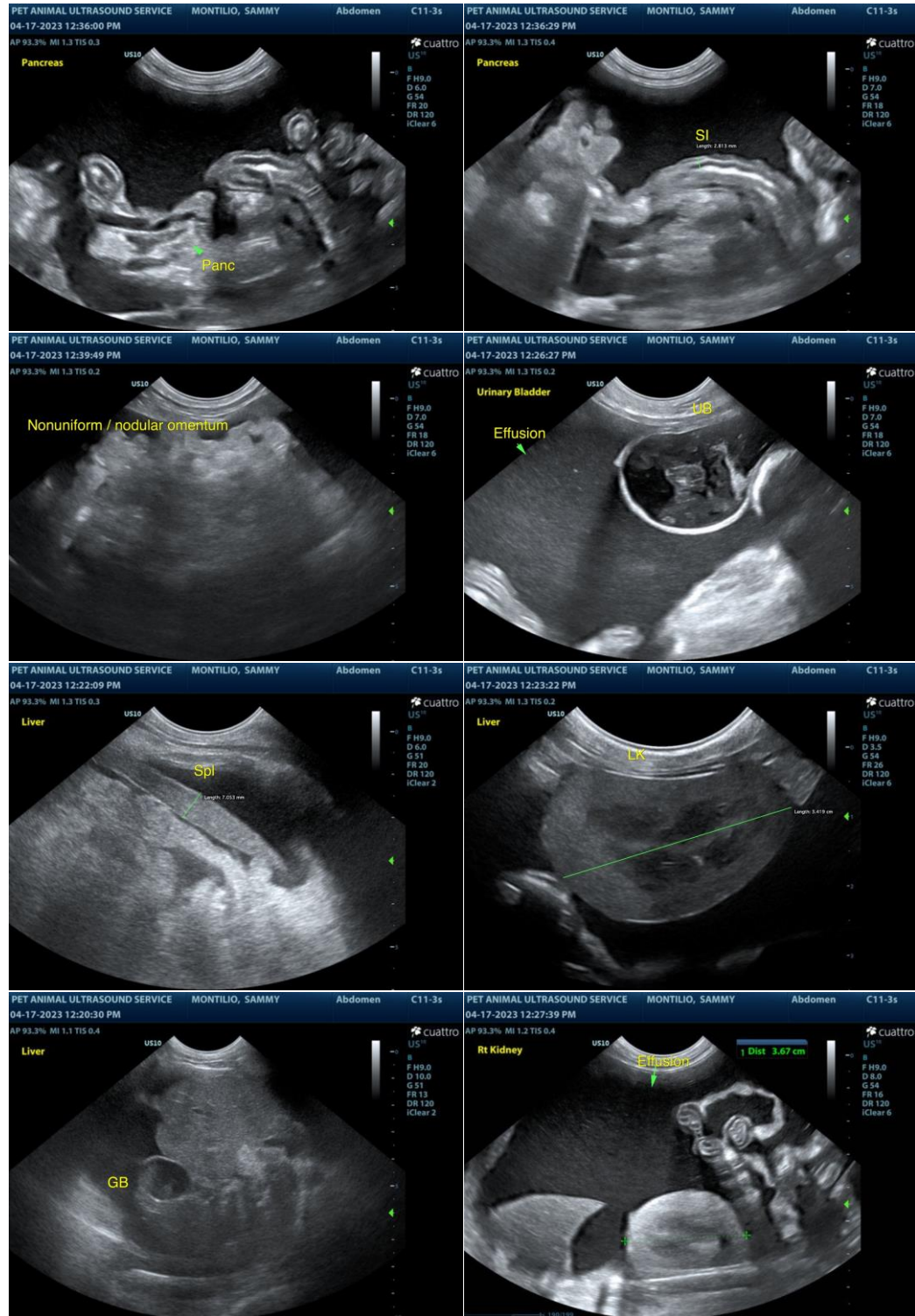
Dr. Palmer

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.



**PATIENT**

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

Sammy Montilio

info@SonoPath.com

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Feline

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